

had been a perfectly natural one in every respect, no laceration, and the lady very healthy in every way. One morning, a few days after delivery, I found the temperature over 103° , but nothing to account for it except constipation. An aperient was administered, and the temperature dropped to normal very shortly after the bowels had acted. During the puerperal period this occurred three times, the temperature dropping to normal on each occasion shortly after the aperient had taken effect. No other treatment was adopted.—I am, etc.,

Wimpole Street, W., Oct. 27th.

GEO. STEELE PERKINS.

RADIOGRAPHY AND THE HEART.

SIR,—I quite agree with Dr. Bezly Thorne that the difficulties of photographing the heart are at present too great to allow the results to be of much practical value, but the direct view by means of the fluorescent screen overcomes many of these drawbacks, and as I have shown elsewhere,¹ a tracing of the outline may be taken without much difficulty.

Further experience has confirmed my impressions that in many cases valuable indications may be obtained in this way, which, added to the evidence obtained by the routine methods, will often greatly assist in making the case clear. One point I cannot understand, and that is, the diminution of the size of the heart, which Dr. Bezly Thorne states took place after thirty minutes' exposure to the rays, the long axis in one case being reduced as much as two inches. I have now for several weeks been engaged in examining hearts by the fluorescent screen, and have never once noticed any diminution in size, although I have often exposed the subject to the rays for a considerable time, and have taken tracings of the outline at different times during the exposure. I will not attempt to suggest where the error came in, but considering how many fallacies are apt to creep into the methods of percussion, much confirmatory evidence would be required before it could be accepted that the x rays possess such extraordinary properties as Dr. Bezly Thorne suggests.—I am, etc.,

H. CAMPBELL THOMSON.

Queen Anne Street, Oct. 25th.

ROENTGEN PHOTOGRAPHY: IS GLASS OPAQUE TO THE ROENTGEN RAYS?

SIR,—In a pamphlet I received from Mr. K. Schall, 55, Wigmore Street, W., the following statement occurs: "If glass plates are used, care must be taken to place them film side upwards under the tubes, as glass is opaque to the x rays, and there would be no result whatever if the glass plate intervened between the sensitive film and the tube." In order to test this I placed a glass plate with the film or sensitive surface away from the tube, and the glass plate intervening (enclosed in specially prepared paper to protect from ordinary light), and had no difficulty in getting a fair negative with a slightly increased exposure. I also placed a square of glass behind a sulpho-cyanide of potassium screen—that is, between the back of the screen and the vacuum tube, and found the screen illuminated almost as brightly, and the shadow of the bones of the hand was almost quite as distinct with the glass intervening as when no glass was placed there. If in general work this proves correct, it will be useful in enabling a print to be made direct from the negative, instead of having to rephotograph the primary negative (or more properly speaking positive) in order to reproduce the result correctly in the finished print. Perhaps other workers in the Roentgen photography may have made similar experiments, and I should be glad to hear their experience as to its value for general use.—I am, etc.,

Cinderford, Glos., Oct. 19th.

RICHARD MACARTNEY.

TELEGONY.

SIR,—Mr. E. J. Lowe's premisses in No. 2 experiment seem so strange that I feel bound to ask where he can produce an analogue in the human race, say, where a young Englishman has been abroad, had connection with a black woman, and, coming home, has married a fair Saxon, who in due course has presented him with a mottled or stained offspring. The only approach to a confirmation of such an idea seems to lie in his experiment No. 6 with the Brazilian lady; but the only

¹ *Lancet*, October 10th 1896,

solution to this problem appears to me "psychological imprint"—that, having been deeply attached to his Brazilian wife, and, having dwelt lovingly upon her memory for twenty years, the resulting offspring from coition with his "fair English wife" bore the traces of long-continued mental impressions, rather than the result of merely having had connection many years previously with a lady of a darker hue.—I am, etc.,

Leicester, Nov. 2nd.

J. HEADLEY NEALE.

AUSCULTATORY PERCUSSION.

SIR,—Dr. Herringham having made certain observations on dead, and presumably empty, hearts, and drawn comparisons with living dilated ones which are overloaded with blood proceeds, in the *BRITISH MEDICAL JOURNAL* of October 24th, to claim that he has verified statements unfavourable to the process of auscultatory percussion. What he has demonstrated beyond question is that he has not observed what others have, and not succeeded in doing what others have done. To assume, however, that he is therefore right and that others are of necessity wrong, is to perpetuate that common solecism of reasoning known as the *non sequitur*.—I am, etc.,

Upper Brook Street, W., Nov. 1st.

W. BEZLY THORNE.

PRIMARY MALIGNANT NEOPLASMS OF THE PERITONEUM.

SIR,—In Mr. Treves's lecture on the Surgery of the Peritoneum I notice the following:

"It is needless to say that primary cancer of the peritoneum does not exist, inasmuch as the membrane provides no tissue from which a true carcinoma can develop."

I must confess to finding myself entirely in disagreement with this statement. It has been clearly proved by the Hertwigs, and it is now generally accepted by embryologists that the pleuro-peritoneal lining membrane is a true epithelium, derived from the hypoblasts. Thus there is no anatomical reason why cancer should not arise from it. In accordance with this, a considerable number of instances of malignant neoplasms thus arising have recently been recorded.

Moreover, it must be borne in mind that the peritoneum teems with heterotopic epithelial elements ("rests") derived by sequestration from adjacent structures, such as the Wolffian and Müllerian ducts, ovaries, testicles, intestines, spleen, liver, pancreas, kidneys, adrenals, etc. Such are the sources to which I think the origin of the rather considerable number of malignant neoplasms that primarily arise in the peritoneum may be ascribed.

Of 7,297 consecutive cases of primary cancer tabulated by me, in 54 the disease started from the peritoneum; similarly of Gurlt's 10,631 primary cancers, in 88 the disease originated in the peritoneum. Of 1,350 sarcomas in my list, 11 were of peritoneal origin.—I am, etc.,

Preston, Nov. 2nd.

W. ROGER WILLIAMS.

PULMONARY OSTEOARTHROPATHY.

SIR,—in a lecture on Bone and Joint Changes in Connection with Thoracic Disease, published in the *BRITISH MEDICAL JOURNAL* on July 11th and 18th, 1896, I gave some cases which, it appeared to me, answered in many respects to those which have been described as examples of pulmonary osteoarthropathy. I will now, with your permission, add some interesting details of Case VI, which is not only described but figured in the lecture.

I saw him yesterday. He is no longer a sullen and morose individual, a typical example of a patient who is suffering from prolonged suppuration, but a bright healthy man practically recovered from his ailment. He says that about ten weeks ago there was a sudden increase of the expectoration—about three-quarters of a pint of badly-tasting yellow stuff coming up between 10 A.M. and 6 P.M. on one particular day. Next day he coughed once or twice, and since then there has been no expectoration except when he has caught a cold, and then only a small amount of mucus. He has increased 21 lbs. in weight, his appetite and digestion are now good, and his bad temper has disappeared. But the main interest of the case is this—that the clubbing of the fingers